

**STATE OF TENNESSEE
DEPARTMENT OF STATE
DIVISION OF PUBLICATIONS
WORK REQUEST/STATUS FORM**

1. DATE	2. REQUESTING DIVISION	3. CONTACT PERSON	4. PHONE	5. ALLOTMENT CODE						
6. COST CENTER	6.A. ANTICIPATED COST	6.B. FUNDING <input type="checkbox"/> State <input type="checkbox"/> Federal	7. TITLE OF WORK REQUESTED <div style="text-align: right;"><input type="checkbox"/> PUBLICATION (Go to 8.A. and C.) <input type="checkbox"/> FORM (Go to 8.B. and C.)</div>							
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 45%; text-align: center;">PUBLICATION</td><td style="width: 25%; text-align: center;">FORM</td><td style="width: 30%;">12. TYPE OF WORK REQUESTED <i>(check appropriate items)</i></td></tr><tr><td>8. A. <input type="checkbox"/> NEW <input type="checkbox"/> PREVIOUSLY PRINTED Date of Last Publication and Authorization No. _____ 8. A.1. HOW OFTEN PRINTED ____ 1-Daily ____ 2-Weekly ____ 3-Semimonthly (twice a month) ____ 4-Monthly (once a month) ____ 5-Bimonthly (six times a year) 8. A.2. TYPE OF PUBLICATION ____ 1-Annual Report ____ 2-Magazine (Subscription) ____ 3-Magazine (Free) ____ 4-Brochure (Informative-Educational) ____ 5-Brochure (Revenue/Tourism Producing) ____ 6-Manual (Training) ____ 7-Newsletter (Departmenta:) ____ 8-Newsletter (Outside) ____ 9-Bulletin (Poster) ____ A-Booklet ____ B-Legislative ____ 6-Quarterly (four times a year) ____ 7-Semiannually (twice a year) ____ 8-Annually (once a year) ____ 9-Biannually (every two years) ____ A-As required ____ B- One Time Only ____ C-Information Sheet ____ D-List of Publication ____ E-Map ____ F-Plan ____ G-Drawing ____ H-Pamphlet ____ I-Special Report ____ J-Directory ____ K-Regulations-Laws ____ L-Roster</td><td>8. B. <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> REPRINT Date of Last Revision _____ Form Number _____ RDA Number _____ 8. B.1. ESTIMATED MONTHLY USAGE 8. B.2. PUBLIC ORIENTED <input type="checkbox"/> Yes <input type="checkbox"/> No 8. B.3. USAGE <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> One-Time Only <input type="checkbox"/> Experimental <input type="checkbox"/> Other _____ 8. B.4. PRINTED FORM COMPLETED BY: <input type="checkbox"/> Typewriter <input type="checkbox"/> Hand <input type="checkbox"/> Printer <input type="checkbox"/> Other _____</td><td>A. Planning <input type="checkbox"/> B. Research..... <input type="checkbox"/> C. Layout/Design..... <input type="checkbox"/> D. Creative Art..... <input type="checkbox"/> E. Typesetting <input type="checkbox"/> F. Pasteup/Corrections <input type="checkbox"/> G. Estimates <input type="checkbox"/> H. Requisition <input type="checkbox"/> I. Printing..... <input type="checkbox"/> J. Binding/Folding, etc. <input type="checkbox"/> K. 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8.C. PURPOSE AND JUSTIFICATION WITH STATUTORY AUTHORITY										
9. FINISHED SIZE	10. QUANTITY	11. DATE NEEDED								
14. SPECIAL INSTRUCTIONS										

FOR OFFICE USE ONLY												
ESTIMATES					FIRST PROOF				SECOND PROOF			
	Date Requested	Date Received	Time	Amount	Released to	Date Released	Date Returned	Date to Printer	Released to	Date Released	Date Returned	Date to Printer
Capitol Print Shop												
Central Printing												
Other (Specify)												

Number of Pages: 1 side _____ 2 sides _____				JOB SPECIFICATIONS				LOCATION OF FILES			
Stock:	Weight	Color	Ink Color	BINDERY: Fold _____ Collate _____ Perforate _____ Score _____ Trim _____ Size _____ Staple: Side <input type="checkbox"/> Corner <input type="checkbox"/> Saddle <input type="checkbox"/> Drill Number of Holes and Size _____/_____ BIND: GBC <input type="checkbox"/> Tape <input type="checkbox"/> Adhesive <input type="checkbox"/> Pad/Book: Sheets _____ Sets _____ Wrap <input type="checkbox"/> Box <input type="checkbox"/> Other _____	PREPRESS			Original Artwork/Layout Filed: Filing Location for Data on Disk Name of Disk: _____ Name of File: _____ Number of Pages: _____ Designated Printer: _____ Address: _____ Phone _____ Contact Person: _____			
Text:											
Cover:											
Numbering: Start _____ Stop _____ Location: _____											
Ink: Black <input type="checkbox"/> Red <input type="checkbox"/>											
NCR Number of Parts _____ Color: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____											